

South Carolina Department of Social Services

NOTICE OF EXPIRATION

Your FS will expire:

To receive Food Stamps and/or FI without interruption you must complete and return the form below with all proof of information to your local DSS Office as soon as possible, but no later than:

IMPORTANT – PLEASE READ THIS

- THIS FORM WILL BE CONSIDERED FILED AS LONG AS IT CONTAINS YOUR NAME, ADDRESS AND SIGNATURE.
- ANSWER ALL QUESTIONS ON THIS FORM. IF THE SPACE ON THE FORM IS NOT BIG ENOUGH FOR YOUR ANSWER, YOU MAY ATTACH AN ADDITIONAL SHEET OF PAPER.
- FAILURE TO ANSWER THE QUESTIONS CORRECTLY OR RETURN THE FORM BY THE DUE DATE WILL DELAY, REDUCE OR STOP YOUR FI CHECK AND/OR FOOD STAMPS.
- IF YOU MAIL YOUR FORM BY THE DUE DATE AND DO NOT RECEIVE A NOTICE OF APPROVAL OR DENIAL BY THE LAST DAY OF THAT MONTH, CONTACT YOUR CASEWORKER.
- YOUR CASEWORKER MAY CONTACT YOU FOR ADDITIONAL PROOF OF ALL INFORMATION YOU PROVIDE ON THIS FORM.
- YOU MAY CONTACT US FOR OTHER INTERVIEW METHODS. YOU MUST CONTACT US TO RESCHEDULE A MISSED INTERVIEW.
- IF EVERYONE IN YOUR HOUSEHOLD RECEIVES SSI, YOU MAY APPLY FOR FOOD STAMPS AT THE SOCIAL SECURITY ADMINISTRATION.

MAILED RECERTIFICATION FORM

DATE RECEIVED – OFFICE ONLY

If you need help with this form,call:

CO. NO.

CASE NAME

CASE NUMBER

CASE LOAD ID

WORKER NAME

FOOD STAMP CERT. THRU DATE

This form is considered filed if received with only your name, address and signature. I certify that the following questions have been answered truthfully and completely under the penalty of perjury. I understand that the information given on this form may cause my FI or Food Stamp benefits to stop or change. I give permission for the Department of Social Services to make any necessary contacts to check my statements.

Signature: _____ Date: _____

Daytime Phone: _____

1. Tell us where you live and how you can be reached.

Last Name:	First Name:	MI:	Daytime Phone:	
Street Address: (Include Apt./Lot No.)	City:	State:	Zip Code:	County:
Mailing Address: (If Different, Include Apt./Lot No.)	City:	State:	Zip Code:	County:

2. Tell us who lives with you. List yourself on the first line.

List Names as They Appear on the Person's Social Security Card (If the person has a card)	Age	Sex (M or F)	Relationship to Name on Line 1	If Attending School, Name of School	Grade
1.			Self		
2.					
3.					
4.					
5.					
6.					

3. Are any of the above individuals a fleeing felon, probation/parole violator, or convicted of a controlled substance abuse violation that occurred after August 22, 1996? ☐ Yes ☐ No If yes, name: _____

4. Does anyone in your household work? ☐ Yes ☐ No If yes, send in all paystubs received in: _____
If you do not have all paystubs, have your employer complete this section.

A					NAME OF PERSON WORKING					B					NAME OF PERSON WORKING				
NAME AND ADDRESS OF EMPLOYER										NAME AND ADDRESS OF EMPLOYER									
		DATE PAY RECEIVED			GROSS PAY	TIPS	TOTAL HOURS			DATE PAY RECEIVED			GROSS PAY	TIPS	TOTAL HOURS				
		MO	DAY	YEAR						MO	DAY	YEAR							
1.								1.											
2.								2.											
3.								3.											
4.								4.											
5.								5.											
SIGNATURE OF EMPLOYER							EMPLOYER'S LOCAL TEL. NO.			SIGNATURE OF EMPLOYER							EMPLOYER'S LOCAL TEL. NO.		

5. Does anyone in your household get money other than from work? ☐ Yes ☐ No

OTHER INCOME	AMOUNT	HOW OFTEN DO YOU GET THIS INCOME?	WHO GETS THIS INCOME?
Child Support (Voluntary or court ordered)	\$		
SSI	\$		
Social Security Payment	\$		
Unemployment Benefits	\$		
Veterans Benefits	\$		
Other: (Explain)	\$		


6. Does anyone in your household pay for any of these expenses? ☐ Yes ☐ No
If yes, complete the information to show you want the deduction and send proof.

ITEM	WHO PAYS?	AMOUNT	ITEM	WHO PAYS?	AMOUNT
Rent		\$	Mortgage/2nd Mortgage/		\$
Land Payment		\$	Property Taxes/Assessments Not Included In House Payments		\$
Mobile Home Rental Space/Lot		\$	Homeowner's Insurance Not Included In House Payments		\$

Do you have heating costs? ☐ Yes ☐ No Do you have air conditioning costs? ☐ Yes ☐ No
Does anyone receive energy assistance payments? ☐ Yes ☐ No

7. Does any person pay for child care, or pay for the care of a disabled adult household member? ☐ Yes ☐ No

Send all bills and/or receipts for _____ and complete the information below for that month.

Who does the sitter care for?:		Who pays the sitter?:	
Name of Sitter:			
Cost:		How often?:	
If you do not have all bills/receipts, have sitter complete this section: 			
Sitter's Signature:		Telephone of Sitter:	
Do you receive an ABC Child Care Voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No			

8. Does any person age 60 or over, or who is receiving disability benefits pay for any medical expenses over \$35 monthly themselves? ☐ Yes ☐ No Do you wish to claim a deduction for these expenses? ☐ Yes ☐ No
If Yes, send in receipts or a computer printout of expenses or we cannot give you a deduction.

9. Do you have a legal agreement/court order requiring you to pay child support to someone outside of your home? ☐ Yes ☐ No If you do and you want to claim a deduction for these payments, send proof of the agreement.

Also, send the amount of the payments you made for _____.
If you do not provide proof, we cannot give you a deduction.

10. If you wish to change your head of household, contact your caseworker.